

DelDOT
Snow Removal Reimbursement Program

Change Form

Please complete when any association information has changed.

**Return completed form to: Gloria Acevedo
DelDOT M & O
PO Box 778
Dover, DE 19903**

Association Name:	
Association EI Number:	
Association Address: where reimbursement check and informational letter will be mailed NOTE: DE W9 must be completed if association address has changed. https://w9.accounting.delaware.gov/W9form.aspx	
Name of association contact:	
Contact's Address: where correspondence will be mailed	
Home phone number:	
Work phone number:	
Email address:	
NOTES	